

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**TAYLOR CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted December 12-14, 2017

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## **CAP Assessment of Taylor Correctional Institution**

### **I. Overview**

On December 12-14, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Taylor Correctional Institution (TAYCI). The survey report was distributed on January 8, 2018. In February 2018, TAYCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the TAYCI survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days.

On July 24, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, the CMA conducted an on-site CAP assessment on August 10, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### **II. Physical Health Assessment Summary**

#### **A. Main Unit**

The CAP closure files revealed sufficient evidence to determine that 12 of the 19 physical health findings were corrected. Seven physical health findings will remain open.

<b>Finding</b>	<b>CAP Evaluation Outcome</b>
<p><b><u>ENDOCRINE CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 2 of 4 applicable records (15 reviewed), inmates with HgbA1c over 8.0 were not seen every three months as required.</b></p>	<p><b>PH-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></b></p> <p><b>PH-2: In 3 of 12 applicable records (15 reviewed), there was no evidence of hepatitis A or B vaccination or refusal.</b></p>	<p><b>PH-2 OPEN</b></p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-3: In 3 of 12 applicable records (15 reviewed), there was no evidence of hepatitis B vaccination or refusal.</b></p>	<p><b>PH-3 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-4: In 2 of 9 records reviewed, there was no evidence of an appropriate examination for the diagnosis.</b></p>	<p><b>PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-5: In 3 of 10 applicable records (14 reviewed), there was no evidence that reactive airway disease was classified.</b></p>	<p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-6: In 2 of 6 records reviewed, there was no evidence the monthly nursing assessment was completed as required.</b></p>	<p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-7: In 6 of 12 applicable records, there was no evidence that orders were received and implemented accordingly.</b></p> <p><b>PH-8: In 4 of 9 applicable records, there was no evidence of a complete discharge note.</b></p> <p><b>PH-9: In 6 of 9 applicable records, the inpatient nursing assessments were incomplete.</b></p> <p><b>PH-10: In 2 of 10 applicable records, there was no evidence of a daily nursing evaluation for acute inpatients.</b></p> <p><b>PH-11: In 3 of 8 applicable records, there was no evidence of weekend and/or holiday clinician telephone rounds.</b></p>	<p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p> <p><b>PH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-8 will remain open.</p> <p><b>PH-9 &amp; PH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated an acceptable level of compliance had not been met. PH-9 &amp; PH-10 will remain open.</p> <p><b>PH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></b></p> <p><b>PH-12: In 3 of 12 records reviewed, medication orders were not signed, dated, timed, and/or noted by appropriate staff.</b></p>	<p><b>PH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS RECORD REVIEW</u></b></p> <p><b>PH-13: In 4 records, there was no evidence of vital signs.</b></p> <p><b>PH-14: In 1 of 1 applicable record, there was no evidence that a pending consultation was added to the consultation log.</b></p> <p><b>PH-15: In 5 of 14 applicable records, there was no evidence the clinician reviewed the record within seven days of arrival.</b></p>	<p><b>PH-13 &amp; PH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 &amp; PH-14.</p> <p><b>PH-15 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-15 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENING RECORD REVIEW</u></b></p> <p><b>PH-16: In 4 of 15 records reviewed, the periodic screening encounter was not completed correctly.</b></p>	<p><b>PH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS REVIEW</u></b></p> <p><b>PH-17: There was no evidence dental assistants were working within the established guidelines.</b></p> <p><b>PH-18: There was no evidence that necessary equipment was available.</b></p>	<p><b>PH-17 &amp; PH-18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17 &amp; PH-18.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PHARMACY SERVICES</u></b></p> <p><b>PH-19: No evidence that out-of-date medications were segregated and labeled as “expired” or “out-of-date.”</b></p>	<p><b>PH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p>

**B. Annex Unit**

The CAP closure files revealed sufficient evidence to determine that 15 of 17 of the physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 2 of 9 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</b></p>	<p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><b><u>EMERGENCY CARE RECORD REVIEW</u></b></p> <p><b>PH-2: In 3 of 15 records reviewed, there was no evidence that patient education was provided.</b></p>	<p><b>PH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 6 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-4: In 3 of 11 applicable records, follow-up appointments were not completed timely.</b></p>	<p><b>PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p> <p><b>PH-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUEST REVIEW</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-5: In 3 records, the response to the inmate request was inadequate or did not address the stated needs.</b></p> <p><b>PH-6: In 5 of 7 applicable records, the follow-up did not occur as intended.</b></p>	<p><b>PH-5 &amp; PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5 &amp; PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></b></p> <p><b>PH-7: In 3 of 12 records reviewed, the Medication Administration Record (MAR) did not match the clinician's order.</b></p>	<p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL CLINIC RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 4 records, allergy information was not documented according to protocol.</b></p> <p><b>PH-9: In 7 records, there was no evidence of an accurate diagnosis.</b></p> <p><b>PH-10: In 3 of 15 applicable records, there was no evidence of complete and accurate charting of dental findings.</b></p>	<p><b>PH-8, PH-9, &amp; PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8, PH-9, &amp; PH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS REVIEW</u></b></p> <p><b>PH-11: There was no evidence dental assistants were working within the established guidelines.</b></p> <p><b>PH-12: There was no evidence that necessary equipment was available and in working order.</b></p>	<p><b>PH-11 &amp; PH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11 &amp; PH-12.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>PH-13: There were no eye wash stations available in the medical areas.</b></p> <p><b>PH-14: There was no evidence the glucometer was checked at appropriate intervals.</b></p> <p><b>PH-15: Over-the-counter medications in the dorms were not distributed and recorded correctly.</b></p> <p><b>PH-16: Procedures to access medical and dental sick call were not posted in all dorms.</b></p> <p><b>PH-17: Pill line schedules were not posted in all dorms.</b></p>	<p><b>PH-13 &amp; PH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 &amp; MH-14.</p> <p><b>PH-15 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. PH-15 will remain open.</p> <p><b>PH-16 &amp; PH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16 &amp; PH-17.</p>

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed evidence to determine that 5 of 14 mental health findings were corrected. Nine mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS REVIEW</u></b></p> <p><b>A comprehensive review of 2 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</b></p>	<p><b>MH-1 &amp; MH-2 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-1 &amp; MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-2:</b> In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p><b>MH-3:</b> In 1 record, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p><b>MH-4:</b> In 1 record, daily counseling by mental health staff was not completed.</p>	<p><b>MH-3 &amp; MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3 &amp; MH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE EPISODES REVIEW</u></b></p> <p>A comprehensive review of 1 use of force episode revealed the following deficiencies:</p> <p><b>MH-5:</b> In 1 record, there was no evidence of a written referral by physical health staff to mental health.</p> <p><b>MH-6:</b> In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p><b>MH-5 OPEN</b></p> <p>Adequate evidence of in-service training was provided however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-5 will remain open.</p> <p><b>MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHOLOGICAL EMERGENCY REVIEW</u></b></p> <p>A comprehensive review of 3 psychological emergencies revealed the following deficiencies:</p> <p><b>MH-7: In 1 record, there was no evidence that appropriate interventions were made.</b></p> <p><b>MH-8: In 1 record, there was not adequate follow-up after a psychological emergency when indicated.</b></p>	<p><b>MH-7 &amp; MH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-7 &amp; MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p>A comprehensive review of 11 outpatient mental health records revealed the following deficiencies:</p> <p><b>MH-9: In 3 of 5 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</b></p> <p><b>MH-10: In 1 of 5 applicable records, the initial Individualized Service Plan (ISP) was not completed timely.</b></p> <p><b>MH-11: In 2 of 10 applicable records, the ISP was not signed by the inmate.</b></p> <p><b>MH-12: In 3 of 7 applicable records, the ISP was not reviewed or revised within the required time frame.</b></p>	<p><b>MH-9 &amp; MH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-9 &amp; MH-10 will remain open.</p> <p><b>MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p> <p><b>MH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated an acceptable level of compliance had not been met. MH-12.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-13: In 6 records, counseling was not offered at least every 90 days.</b></p> <p><b>MH-14: In 3 records, case management was not offered at least every 90 days.</b></p>	<p><b>MH-13 OPEN</b></p> <p>Adequate evidence of in-service training was provided however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-13 will remain open.</p> <p><b>MH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p>

**B. Annex**

The CAP closure files revealed evidence to determine that 5 of 15 mental health findings were corrected. Ten mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS REVIEW</u></b></p> <p><b>A comprehensive review of 3 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 record, the admission order was not countersigned the next working day.</b></p> <p><b>MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-3: In 3 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</b></p> <p><b>MH-4: In 2 records, daily counseling by mental health staff was not completed.</b></p>	<p><b>MH-1, MH-2, MH-3, MH-4 &amp; MH-5 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no available episodes to review. MH-1, MH-2, MH-3, MH-4, &amp; MH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-5: In 2 records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE EPISODES REVIEW</u></b></p> <p><b>A comprehensive review of 3 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-6: In 3 records, there was no evidence of a written referral by physical health staff to mental health.</b></p> <p><b>MH-7: In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p>	<p><b>MH-6 &amp; MH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 &amp; MH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHOLOGICAL EMERGENCY REVIEW</u></b></p> <p><b>A comprehensive review of 8 psychological emergencies revealed the following deficiencies:</b></p> <p><b>MH-8: In 3 records, there was no evidence the clinician considered the inmate's mental health history and past suicide attempts.</b></p> <p><b>MH-9: In 1 record, there was inadequate follow-up after a psychological emergency when indicated.</b></p>	<p><b>MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p> <p><b>MH-9 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUEST REVIEW</u></b></p> <p><b>MH-10: In 2 of 6 records reviewed, a referral or interview did not occur as intended.</b></p>	<p><b>MH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 13 outpatient mental health records revealed the following deficiencies:</b></p> <p><b>MH-11: In 1 of 5 applicable records, the biopsychosocial assessment (BPSA) was not approved by the Multidisciplinary Services Team (MDST) within 30 days of initiation of mental health services.</b></p> <p><b>MH-12: In 1 of 5 applicable records, the initial Individualized Service Plan (ISP) was not completed timely.</b></p> <p><b>MH-13: In 5 records, the ISP was not signed by the inmate.</b></p> <p><b>MH-14: In 3 of 7 applicable records, the ISP was not reviewed or revised within the required time frame.</b></p> <p><b>MH-15: In 6 records, counseling was not offered at least every 90 days.</b></p>	<p><b>MH-11 &amp; MH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 &amp; MH-12.</p> <p><b>MH-13, MH-14, &amp; MH-15 OPEN</b></p> <p>Adequate evidence of in-service training was provided however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-13 &amp; MH-14 &amp; MH-15 will remain open.</p>

## **IV. Conclusion**

### **Physical Health-Main Unit**

The following physical health findings will close: PH-4, PH-5, PH-6, PH-7, PH-11, PH-12, PH-13, PH-14, PH-16, PH-17, PH-18 & PH-19. All other physical health findings will remain open.

### **Physical Health-Annex Unit**

The following physical health findings will close: PH-1, PH-2, PH-3, PH-5, PH-6, PH-7, PH-8, PH-9, PH-10, PH-11, PH-12, PH-13, PH-14, PH-16 & PH-17. All other physical health findings will remain open.

### **Mental Health-Main Unit**

The following mental health findings will close: MH-3, MH-4, MH-6, MH-11 & MH-14. All other mental health findings will remain open.

### **Mental Health-Annex Unit**

The following mental health findings will close: MH-6, MH-7, MH-8, MH-11 & MH-12. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by TAYCI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site evaluation.